



**CITY OF MIAMI GARDENS
CODE COMPLIANCE DIVISION**
Alarm Registration Form

**Application Fee
\$35.00
Non-Refundable**

New Applicant	<input type="checkbox"/>	⇒ Building Permit # _____	Installer License # _____
Name of Business	<input type="checkbox"/>	_____	Address _____
Name of Resident	<input type="checkbox"/>	_____	Address _____

LOCATION OF ALARM (Class) Residential ☐ Business ☐ Apartment ☐ Condo ☐

Owner/User _____ Address _____

Day Ph. # _____ Evening Ph. # _____ Email _____

Mailing Address _____

City _____ State _____ Zip Code _____ Province _____

LANDLORD INFORMATION

Name _____ Ph. # _____

Address _____ City _____ State _____ Zip _____

INDIVIDUAL(S) ABLE AND AUTHORIZED TO ENTER PREMISES & DEACTIVATE THE ALARM

Name _____ Address _____ Ph. # _____ Alt. # _____

Name _____ Address _____ Ph. # _____ Alt. # _____

YOU MUST NOTIFY YOUR ALARM COMPANY OF THE VALID REGISTRATION NUMBER

Alarm Co. That Installed System _____ Permit # _____ Date _____

Alarm Co. Servicing Alarm System _____ Ph. # _____

Alarm Co. Monitoring Alarm System _____ Ph. # _____

Do you have a back-up power supply? Yes ☐ No ☐

Do you have a ten/fifteen minute cut-off? Yes ☐ No ☐

Signature of Registrant _____ Date _____